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Variation in address practices across languages and nations: A comparative study of doctors' use of address forms in medical consultations in Sweden and Finland

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Abstract

This article compares variation in the use of address practices across languages (Swedish, Finnish) and national varieties (Sweden Swedish, Finland Swedish). It undertakes quantitative and qualitative analyses of three sets of transcribed medical consultations. In Sweden Swedish, address pronouns which lower social distance overwhelmingly dominate. In Finnish, both address forms reducing social distance and practices maintaining greater distance are found, with age and level of acquaintance revealed as the most salient factors. Finland Swedish is located somewhere between Sweden Swedish and Finnish, displaying a stronger tendency than Finnish to use informal direct address forms to reduce social distance, but also showing similarities with Finnish in the use of direct formal address and indirect address. The differences can be related to larger socio-cultural patterns which, however, form a continuum rather than a fixed set keeping the two languages and countries completely apart.

Keywords: address, doctor-patient interaction, medical consultations, intercultural pragmatics, pluricentric languages, Swedish, Finnish

1. Introduction

Pluricentric languages, which are spoken in several countries, open up intriguing perspectives on how linguistic practices are affected by socio-cultural routines and norms (cf. Jackson 2014, 88–89). The varieties of pluricentric languages spoken in multilingual countries make it possible to explore a further perspective, namely communicative patterns which are shared by speakers of different languages within the same country. Different cultures and societies may,

for example, display differences in how social distance is expressed in certain types of communicative settings (Brown and Levinson 1987, 243–253; Leech 2014, 275–280). For instance, address forms can be used to foreground interpersonal relationships explicitly as close and informal (low social distance) or as more distant and formal (high social distance) (Clyne et al. 2009, 27–30).

In this article, we compare address practices in Sweden Swedish and Finland Swedish with Finnish, the first language of the vast majority of the population in Finland. The objects of study are pronouns and inflections marking direct address (see sections 4.1 and 4.2). We focus on medical consultations, which are characterised by pre-defined institutional roles involving doctor/nurse and patient (Drew and Heritage 1992). As previous research has shown, there are some differences in address practices between medical consultations in Sweden Swedish and Finland Swedish (Norrby et al. 2015a). The overall aim of this article is to widen the comparison to include Finnish. By doing so, we want to contribute to the understanding of how culture affects communication (Duranti 1997; Carbaugh 2005; Jackson 2014). What are the similarities and differences in the use of direct address forms in conversations in the same language (Swedish) in two countries (Sweden and Finland), and in different languages (Finnish and Swedish) in the same country (Finland)? Can the results be related to larger socio-cultural patterns in the two countries?

Our data consist of three sets of video-recorded medical consultations: consultations in Swedish from Sweden, consultations in Swedish from Finland and consultations in Finnish from Finland. The empirical analysis comprises both a quantitative comparison of address forms (section 6) and a qualitative analysis of the most typical address patterns in the three datasets (section 7). In the qualitative analysis, we focus on the beginning of the consultations, when similar types of activities occur in medical consultations generally (greetings, asking the patient to take a seat and talking about the reason for the visit). Before we present the results, we provide some background information on the language situations in Finland and Sweden (section 2) and the relation between language and culture (section 3), followed by an overview of the address system in Swedish (section 4.1) and Finnish (section 4.2) and a closer presentation of the empirical data and methods of the study (section 5).

2. Swedish and Finnish

Swedish is the principal language of Sweden, and approximately 85% of its population of 10,1 million (Statistics Sweden 2019) speak Swedish as their first language (Parkvall 2016).

In Finland, Swedish is a national language alongside Finnish. While the Swedish-speaking Finns represent only 5.2% of the Finnish population of about 5.5 million (Statistics Finland 2019), they form a numerical minority with a strong position, explained by Finland's common past with Sweden (Liebkind et al. 2007). Historically, Finland constituted the eastern half of the Swedish kingdom, until it became part of the Russian empire in 1809 before gaining independence in 1917. The Finnish constitution provides Finnish and Swedish with equal rights, but Finnish is the first language of 87.9% of the population (Statistics Finland 2019) and clearly dominant in most public domains.

While Swedish is an Indo-European language, Finnish is a Finno-Ugric language characterised by extensive use of inflection and derivation of both nouns and verbs. As distinct from Swedish, person can be expressed not only by pronouns but also by verb inflection and possessive suffixes (see section 4.2). Due to their shared past, Finnish and Swedish have a long history of language contact in what is today Finland. Despite the typological differences between the two languages, this contact has left various traces in both languages, especially at the lexical level (Häkkinen 1989, 264–265; Reuter 1992) but also at the grammatical and pragmatic levels (Wide and Lyngfelt 2009; Hakulinen and Saari 1995).

3. Language and culture

We view culture as a dynamic system of practices (Duranti 1997, 43–46), a code which is learned, shaped, developed and shared through communication (Jackson 2014, 70). Our theoretical point of departure is a version of *social constructionism* in which linguistic structures, cultural routines, norms and the like are seen as existing prior to interactions but observable “only in and through the interactants’ being acquainted with them” (Linell 1998, 59):

Social constructionism, in this form, emphasizes two dialogically related phenomena: the constructive and reconstructive practices in interactions, and the sedimented routines and cultures. The latter are global structures superimposed on interactions and embodied in traditions of relatively long-term continuities of practices (cultural traditions), these long-term practices building systems of sedimented, cultural knowledge. [...] New generations of language users can modify these practices, but by and large they have to subordinate themselves to them; we learn from others who take

or are assigned privileged positions in communicative activities, these activities being characterized by asymmetries of knowledge and participation. (Linell 1998, 61)

Language plays a crucial role in *enculturation*, the conscious and unconscious process by which we learn our culture through observation, interaction and imitation (Fortman and Giles 2006, 94). When acquiring our first language(s), we become accustomed to certain types of being, including modes of verbal and non-verbal behaviour (Jackson 2014, 51). Shared expectations of appropriate behaviour, including language usage and communication styles, form the basis of *cultural norms*. Through the process of enculturation, we grow accustomed to expecting certain arrangements and behaviours in specific settings (Jackson 2014, 58). One important dimension in many social settings is the degree of (in)directness and (in)formality (Kotthoff 2007), which is also explored in this paper.

Culture is not only a manifestation of a group or community. It is also subject to different individuals' unique experiences within or apart from it, which makes it a dynamic, multiple, contested and relative phenomenon (Jackson 2014, 70). Even though certain communicative strategies, such as showing respect by keeping a distance, may be found to be more typical in one socio-cultural community than another, this does not mean that all individuals belonging to the same community utilise this strategy or do it equally often or in exactly the same way. There can also be several strategies to choose from, for example, when addressing other people. This is the case much more in Finland than in Sweden, which makes it interesting to explore both the similarities and differences found in settings such as medical consultations, which are asymmetric in character (Drew and Heritage 1992) and thereby prone to display strategies of handling dimensions such as distance and formality.

4. Forms of address in Swedish and Finnish

4.1 Swedish

Swedish distinguishes between an informal pronoun of address in the singular (referred to as T from Latin *tu* 'you.SG'), *du* 'you', and a formal pronoun, *ni* 'you' (referred to as V from Latin *vos* 'you.PL'; Brown and Gilman 1960). The use of *ni* as formal address is rare in present-day Swedish, and *du* is the default choice in most contexts and to most interlocutors both in Sweden and Finland (Clyne et al. 2009, 7). Table 1 illustrates the Swedish address system.

Table 1. T and V forms in Swedish

	Subject	Object	Possessive
Singular			
Less formal (T)	<i>du</i> ('you')	<i>dig</i> ('you')	<i>din, ditt, dina</i> ('your')*
More formal (V)	<i>ni</i> ('you')	<i>er</i> ('you')	<i>er, ert, era</i> ('your')*
Plural	<i>ni</i> ('you')	<i>er</i> ('your')	<i>er, ert, era</i> ('your')*

* inflected to agree with the gender and number of the head noun

Before the radical change towards T address which started in the 1960s, third person address by titles played an important role, especially in Sweden. A person who did not have a title could be addressed by *ni*, but would be expected to respond by using the other person's title (Ahlgren 1978; Fremer 2015). Accordingly, a social stigma became attached to *ni*, and strategies to avoid address, such as passive constructions (*Vad önskas?* 'What is desired?') and third person address (*Vill tant Anna ha kaffe?* 'Would Auntie Anna like some coffee?'), became common (Clyne et al. 2009, 7–8). In Finland, use of *ni* was less problematic, and it remained a resource for politeness in Finland Swedish, where it is still used to some extent today (Clyne et al. 2009, 132–139). At the same time, constructions for avoiding address have also been preserved to some extent in Finland Swedish (Norrby et al. 2015b). Since the development of the address system otherwise has been similar in both national varieties, it is interesting to explore what settings the above differences can be found in.

The rapid shift to almost universal T address in Sweden in just a few decades was also linked to the radical political climate of the 1960s, which facilitated an increased focus on egalitarian and democratic forms of address (Paulston 1976; Clyne et al. 2009, 8). Similar changes have taken place in Finland, but they have not affected address practices to quite the same extent as in Sweden (Saari 1995), even though informal T address has become the dominant pattern in Finland Swedish (and Finnish) as well. In recent years, V address has been re-introduced in Sweden to a limited extent and in particular contexts, such as expensive restaurants, but research has shown that this new use of *ni* remains “a thin social veneer, which disappears as soon as the participant roles change ever so slightly” (Clyne et al. 2009, 112; Norrby et al. 2015b).

4.2 Finnish

As Table 2 shows, the address system is more complex in Finnish than in Swedish. Direct address can be expressed not only by pronouns but also by verb forms (*istu-t* ‘sit-SG2’) and possessive suffixes on nouns (*jalka-si* ‘foot.POS.SG2’). In spoken language, address is often expressed redundantly both by pronouns and inflected verb forms (*sinä istu-t* ‘you.SG sit-SG2’).

Table 2. T and V forms in Finnish

	Pronouns		Suffixes	Verb forms	
	Subject (nom.)	Oblique	Possessive	Indicative	imperative
Singular					
Less formal (T)	<i>s(in)ä</i> (‘you’)	<i>s(in)un</i> (‘you.SG.GEN’) <i>s(in)ulla</i> (‘you.SG.ADE’) etc.	<i>(sinun) jalkasi</i> (‘your.SG foot.POS.SG2’)	<i>(sinä) istut</i> (‘you.SG sit.SG2’)	<i>istu!</i> (‘sit. IMP.SG2’)
More formal (V)	<i>te</i> (‘you’)	<i>teidän</i> (‘you.PL.GEN’) <i>teillä</i> (‘you.PL.ADE’) etc.	<i>(teidän) jalkanne</i> (‘your.PL foot.POS.PL2’)	<i>(te) istutte</i> (‘you.PL sit.PL2’)	<i>istukaa!</i> (‘sit. IMP.PL2’)
Plural					
	<i>te</i> (‘you’)	<i>teidän</i> (‘you.PL.GEN’) <i>teillä</i> (‘you.PL.ADE’) etc.	<i>(teidän) jalkanne’</i> (‘your.PL foot. POS.PL2’)	<i>(te) istutte</i> (‘you.PL sit.PL2’)	<i>istukaa!</i> (‘sit. IMP.PL2’)

The Finnish address system shows a parallel development to the Swedish system described above. In the 1960s and 1970s, the shift to T address – as well as the general democratisation of society – spread from Sweden to Finland and affected both Finnish and Finland-Swedish language use (Paunonen 2010, 325, 330–331). However, V address in Finnish never gained the negative connotations associated with it in Swedish (see 4.1). Even though T forms are used in most situations today, V address is still a viable or even a preferred option in some situations, such as service encounters and communication with elderly people (Lappalainen 2015). In addition to direct address with T and V forms, indirect address with, for example, passive forms (*sitä laitetään vaan kerran päivässä* ‘it’s applied once a day only’) and

verbless phrases with no address forms (*entäs selkä?* ‘how about the back?’) are common in Finnish (cf. Yli-Vakkuri 2005, 191–192).

5. Data and method

The medical consultations in our data are the most recent doctor-patient interactions available to compare Sweden Swedish, Finland Swedish and Finnish, and were originally collected for other projects (see Table 3 and the list at the end of the article for details). The Sweden-Swedish and Finland-Swedish corpora comprise consultations on rheumatic diseases and fibromyalgia. Our data on Finnish originate from a larger corpus of medical consultations collected within a joint project by linguists and sociologists on primary health care. In the present study, we have included consultations from this project which are as comparable as possible to the consultations in Swedish. Because the Finnish consultations took place in primary health care settings, they are generally shorter than the consultations in Swedish, which took place in specialist care settings, in which consultations are typically longer.

Table 3. The study’s empirical data

	Sweden Swedish	Finland Swedish	Finnish
Size, total	6 hours	12.5 hours	7.5 hours
Number of consultations	14	20	32
Length of consultations	10–50 min (mean 28 min)	12–52 min (mean 38 min)	5–40 min (mean 13 min)
Participants	9 doctors 15 patients	5 doctors 20 patients	7 doctors 32 patients
Project	LOP	INK	LPV
Collected	1988–1992	1996–2000	1993–1994

Our study of the three datasets covers a quantitative overview and a qualitative analysis undertaken from the point of view of interactional sociolinguistics. In interactional sociolinguistics, interaction is seen “as a key site for the construction and reproduction of social identities and relationships, impacting on people’s minds, lives and material conditions”, but attention is also paid to “the positions that the participants occupy in larger/longer/slower social processes, seeking to reveal how these more established identities can be reproduced, contested and maybe changed by human agents interacting” (Rampton 2006, 24). By comparing the doctors’ use of address forms in the three sets of medical consultations in our data, we want to explore this relationship between the micro and macro

levels of social interaction. What larger cultural and social tendencies can be distinguished by comparing the three datasets quantitatively? How are these larger tendencies reproduced and constructed on the micro level interaction? In the quantitative analysis in section 6, we focus on the number and relative frequency of T and V forms in the consultations in order to present an overview of the main patterns in the three datasets. In the qualitative analysis in section 7, we discuss and compare the most salient uses of T, V and indirect address in situated interactional contexts in the data.

6. *Quantitative overview*

In our comparison of address practices in Sweden Swedish, Finland Swedish and Finnish, we focus on the doctors' use of direct address. In their role as professionals, being more powerful than the patients, doctors are the ones who typically can work to reduce social distance during medical consultations (Aronsson and Rindstedt 2011). As discussed by Aronsson and Rindstedt (2011, 129), (adult) patients mostly refrain from using pronominal address, “thereby avoiding addressing the doctor in ways that could be seen as overly intimate or overly formal”. This also seems to be the case in our data, where the doctors in all three datasets use direct address some twenty times more often than the patients (Norrby et al. 2015a). Focussing on the address practices of doctors is thus motivated by several factors.

Table 4 shows the number of occurrences of T and V forms used by the Sweden-Swedish, Finland-Swedish and Finnish doctors, respectively, as well as the relative frequency of the address forms per 100 words. Table 5 specifies the distribution across different options of T and V address in the Finnish dataset. In the Swedish datasets, address is only expressed with pronouns.

Table 4. T and V forms used by the doctors in the three datasets: occurrences and mean frequency (per 100 words)

	Lexemes (doctors)	T forms				V forms			Total (T + V)		
		N	Frequency		N	Frequency		N	Frequency		N
			Mean	Range		Mean	Range		Mean	Range	
Sw. Swedish	41,513	1785	4.3	2.6–6.4	0	0.0	0–0	1785	4.3	2.6–6.4	
Fi. Swedish	83,872	2048	2.4	0.03–4.4	482	0.6	0–4.4	2530	3.0	1.1–4.4	
Finnish	22,881	392	1.7	0–6.1	330	1.4	0–8.3	722	3.2	0.5–8.3	

Table 5. The distribution of T and V forms across different grammatical structures in the Finnish dataset

	T forms		V forms		Total	
	N	%	N	%	N	%
1. Pronoun	102	26%	87	26%	189	26%
2. Pronoun + verb	93	24%	63	19%	156	22%
3. Imperative forms	56	14%	66	20%	122	17%
4. Other verb forms	129	33%	105	32%	234	32%
5. Possessive suffix	12	3%	9	3%	21	3%
Total	392	100%	330	100%	722	100%

Since the T/V distinction can also be expressed by imperative forms in Finnish, which is not the case in Swedish, there are more possibilities to mark direct address in Finnish than in Swedish. Nonetheless, the highest mean frequency of direct address by doctors can be found in the Sweden-Swedish dataset, 4.3 occurrences per 100 words compared with 3.2 in the Finland-Swedish dataset and 3.0 in the Finnish dataset. This result is statistically significant (Log Likelihood: 132.99), while the difference between the Finland-Swedish and Finnish datasets is not statistically significant (Log Likelihood: 1.39).

T forms are used by the doctors in all three datasets, while V forms are used only by the Finland-Swedish and Finnish doctors. As Table 4 shows, the lowest mean frequency of T forms, 1.7 occurrences per 100 words, and the highest mean frequency of V forms, 1.4 occurrences per 100 words, can be found among the Finnish-speaking doctors. In the Finland-Swedish dataset, the doctors use V forms only 0.6 times per 100 words and T forms 2.4 times per 100 words. These differences between the datasets are statistically significant, with a high Log Likelihood value.

The frequency of address forms varies between consultations in all three datasets, which is captured by the ranges shown in Table 4. The largest range can be found in the Finnish dataset (0.5–8.3 occurrences per 100 words; standard deviance 1.75 compared with 1.28 and 0.9, respectively, in the Sweden-Swedish and Finland-Swedish datasets). A closer look at the data reveals that the variation in the doctors' use of direct address between different consultations cannot be explained by variation in the patients' address behaviour in any of the three datasets (Norrby et al. 2015a). The fairly complex variation among the Finnish-speaking doctors can be related to their individual styles and the interactional activities taking place during the consultations, as well as the many different ways to express address in Finnish (see section 4.2, Table 5). One of the Finnish-speaking doctors displays a higher frequency of direct address in four of her five consultations than the Finnish doctors on average. In

comparison, another doctor displays an exceptionally high frequency of direct address during one particular consultation in which the patient is a co-worker in the same health centre.

In the Finland-Swedish dataset, the two consultations with the lowest frequency of direct address are both initial consultations in which the doctor uses V address. The highest frequencies of direct address are primarily found in follow-up consultations with T address. At the same time, one of the highest frequencies of direct address in the Finland-Swedish dataset is found in a follow-up consultation in which the doctor uses V address (4.33 times per 100 words). In another consultation with an equally high frequency of address (4.35), the same doctor uses T address with a patient he has met before. The main difference between the two consultations concerns the age of the patient. In the consultation in which the doctor uses T address, the patient is in her twenties, whereas in the consultation in which the doctor uses V address, the patient is in her sixties (Norrby et al. 2015a).

Variation can also be found in the Sweden-Swedish dataset, which displays an interesting difference compared with the other two datasets: The highest frequencies of address appear in initial consultations and the lowest in follow-up consultations. Norrby et al. (2015a) argue that this reflects a tendency in Sweden to emphasise greater informality and similarity between interlocutors by lowering social distance and creating common ground, especially when a new relationship is being established.

Despite the variation found within the three datasets, the quantitative survey nonetheless shows a clear pattern: The Sweden-Swedish doctors only use T address, the Finland-Swedish doctors use mostly T address and the Finnish doctors use T and V address. In the following section, we will explore this pattern in more detail on the micro level of communication.

7. Qualitative analysis

We begin this section by discussing some typical uses of T address, which occur frequently in all three datasets (7.1). Next, we turn to V address, which is used only by the Finnish doctors and some of the Finland-Swedish doctors (7.2). Finally, we analyse indirect address, which is most typical of the Finnish consultations (7.3). As pointed out, the focus is on sequences in the opening phase of the consultations, when the activities are maximally similar in all three datasets.

7.1 T address

In the Sweden-Swedish consultations, the frequency of T address is high among doctors throughout the dataset. Extract (1) shows the beginning of the consultation, which has the highest frequency of T address across all three datasets. In this consultation, when the patient and doctor meet for the first time, the doctor uses T address 6.24 times per 100 words. (Due to limited space, only the turns with direct or indirect address discussed in the analysis have been glossed in the extracts.)

(1) Sweden Swedish: LOP 14 (doctor: female, 38 years; patient: female, 37 years)

- 1 D: *varsegod å stig på.*
'please come in'
- 2 (0.4)
- 3 P: *tack*
'thanks'
- 3 P: [((clears throat))]
- 4 D: [*du kan si]tta ner i nån av dom (.*)
you.SG can.FIN.PRS sit.INF down in some of they.OBJ
'you.T can sit down in one of the'
- 5 *stolarna [där så.]*
chairs.DEF there so
'chairs there'
- 6 P: [*mm:.]*
'mm'
- 7 ((21 lines omitted: talk about the form P is handing over))
- 8 D: *Lena von Edenstam heter ja rå.*
'Lena von Edenstam is my name then'
- 9 (0.9)
- 10 D: *mt och du kommer hit till oss på förstagångsbesök;*
mt and you.SG come.FIN.PRS here to we.OBJ on first visit
'mt and you are here on a first visit'
- 11 (0.4)
- 12 P: *ja:.*
'yes'
- 13 D: *du kommer på remiss ifr:å:n (0.2) nu ska vi se,*

- you.SG come.FIN.PRS on referral from now shall.FIN.PRS we see.INF
 ‘you.T have a referral from let’s see’
- 14 (0.6)
- 15 *Vårdhögskolan doktor [Sandlund] där.*
 NAME doctor NAME there
 ‘the healthcare college Doctor Sandlund there’
- 16 P: *[ja just de.]*
 ‘yes that’s right’
- 17 P: *m[m.]*
 ‘mm’
- 18 D: *[m] m::,*
 ‘mm’
- 19 (1.3)
- 20 D: *mm (.) å du har besvä:r i: (0.2) lederna.*
 mm and you.SG have.FIN.PRS troubles in joints.DEF
 ‘mm and you.T have joint problems’
- 21 P: *händerna ja:.*
 ‘the hands yes’

In the extract, the doctor uses T address (*du* ‘you.SG.T’) four times (lines 4, 10, 13 and 20). In line 4, she invites the patient to sit down by saying *du kan sitta ner i nån av dom stolarna där* ‘you.T can sit down in one of the chairs there’. In line 8, she introduces herself and starts talking about the patient’s reason for the visit and her medical problems (lines 10–20), using T address three times in declaratives: *du kommer hit till oss på förstagångsbesök* ‘you.T are here on a first visit’, *du kommer på remiss ifrån...* ‘you.T have a referral from...’ and *du har besvär i lederna* ‘you.T have joint problems’.

The dominating pattern in the Finland-Swedish dataset is also T address. In 14 of the 20 consultations, the doctors only use T address. Extract (2) shows the beginning of the initial consultation with the highest frequency of T address in this dataset (3.6 occurrences per 100 words).

(2) Finland Swedish: INK 13 (doctor: female, in her thirties; patient: female, in her fifties)

- 1 D: *jå hej (- -) ida jā hej (precis [de:e som sagt])*

- ‘yes hi (unhearable) today yes hi exactly it’s like I said’
- 2 P: *[jå hej*
yes hi
- 3 D: *du kan komma å sätta dej här*
you.SG can.FIN.PRS come.INF and sit.INF you.SG.OBJ here
‘you.T can have a seat here’
- 4 P: *ja*
‘yes’
- 5 ((pause, noise and steps))
- 6 D: *precis*
‘exactly’
- 7 ((noise, steps))
- 8 D: *jå? (p) ja vi kan ju (p) ska vi börja me om*
yes I we can.FIN.PRS PRT shall.FIN.PRS we start.INF with if
‘yes I we can shall we start by if’
- 9 *du berättar lite om hur (p) du har de nuförtiden*
you.SG tell.FIN.PRS little about how you.SG have.FIN.PRS it today.DEF
‘you.T tell me a little bit about how you.T are doing nowadays’
- 10 *hur du mår för tillfälle då*
how you.SG feel.FIN.PRS for moment.DEF PRT
‘how you.T are feeling at the moment’

The overall frequency of (T) address is clearly lower in the Finland-Swedish consultation shown in extract (2) than in the Sweden-Swedish consultation shown in extract (1) – 3.6 vs 6.24 occurrences per 100 words. Nonetheless, the address practices in the opening phases of the two consultations show several similarities. In extract (2), the doctor invites the patient to sit down by using T address (line 3) in a similar way as in extract (1). In lines 8–10, the doctor asks the patient, whom she has not met previously, to give an account of her health. When presenting this request, she uses T address three times: *om du berättar lite om hur du har de nuförtiden hur du mår för tillfälle då* ‘if you.T tell me a little bit about how you.T are doing nowadays how you.T are feeling at the moment’. Her use of a conditional clause makes the request less direct than an imperative (Lindström et al. 2016; see also extract (7) below).

- 12 (1.5)
- 13 D: *oot(ko) sää saanu jonkun <läimäisyn vai mitä>.*
 have.SG2.CLI you.SG.T get.PPCP some.OBJ slap or what
 ‘have you.T got some kind of slap or what’

The shorter non-standard forms of the T pronoun *sinä*, *sä* ‘you.SG.T’ (line 1), *sää* ‘you.SG.T’ (line 13) and *sulla* ‘you.SG.T.ADE’ (line 10) increase the informal and familiar tone in extract (3). In line 8, the doctor conveys T address with the colloquial imperative verb form *tuu* ‘come.IMP.SG2’, and in lines 1 and 13 she uses combinations of pronouns and inflected verb forms in grammatical contexts in which inflected verb forms could have been used alone: *sä et ollu ennen käynyt* ‘you.T haven’t visited before’, *ootko sää saanu jonkun läimäisyn vai mitä* ‘have you.T got some kind of slap or what?’. This also contributes to the informal atmosphere during the consultation.

Extract (3) illustrates how T address can also be used in institutional settings in Finnish for emphasising informality and reducing social distance. In contrast to the other two datasets, however, T address is used mainly with young patients in the Finnish dataset, and only in a few cases with older patients who the doctor has met before. In extracts (1) and (2), the Sweden-Swedish and Finland-Swedish doctors, on the other hand, use T address in a very similar way with middle-aged patients they meet for the first time. Rather than maintaining a greater social distance, which could be expected in initial consultations (Clyne et al. 2009, 69), the doctors reduce social distance by using T address. However, as the quantitative survey showed, the Finland-Swedish doctors sometimes also use V address, which their Sweden-Swedish colleagues never do.

7.2 V address

Two of the five Finland-Swedish doctors use V address. One of them uses V address exclusively in five of five consultations, except on one single occasion when he starts a question with T address, but self-repairs and reformulates the question with V address. The second doctor participates in two consultations in the data and displays a generally high frequency of address. He uses T address with a young patient and V address with an older patient (see section 6). Extract (4) shows the beginning of his consultation with the older patient.

(4) Finland Swedish: INK 19 (doctor: male, in his fifties; patient: female, in her sixties)

- 1 D: *stig in bara [men snubbla int på de där*
‘step inside but do not trip on that’
- 2 P: *[.jå*
yes
- 3 (p)
- 4 P: *näi*
‘no’
- 5 (p) ((steps))
- 6 D: *nåjo >slå er nu ner< ja sir att vi ha*
well+yes sit you.OBJ.PL now down I see.FIN.PRS that we have.FIN.PRS
‘well please [you.V] have a seat I can see that we have’
- 7 D: *träffats tidiga[re också]*
meet.PPCP earlier also
‘met before also’
- 8 P: *[vi ha] träffats tidigare j[o*
‘yes we have met before’
- 9 D: *[(-) dels har ni*
partly have.FIN.PRS you.PL
‘on the one hand you.V have’
- 10 *de här bre[ve som ja skicka då [å de va*
this letter.DEF that I send.FIN.PST then and it be.FIN.PST
‘the letter that I sent and that was’
- 11 P: *[(-) [£jå£*
‘yes’
- 12 D: *sommarn nittisex (-)*
summer.DEF ninety-six
‘in the summer of ninety-six’

In extract (4), the doctor addresses the patient twice and uses V address both times. The first time is when he asks the patient to take a seat by saying *slå er nu ner* ‘you.OBJ.V have a seat’ (line 6). The second time is when he starts discussing the reason for the patient’s visit and refers to a letter that he has sent her: *dels har ni de här brevet som jag skicka då* ‘on the one

hand, you.V have the letter that I sent’ (lines 9–10). Compared with extracts (1)–(3), in which the doctors also focus on the patients by asking, for example, how they feel, the doctor in extract (4) focusses mostly on facts, that is, when he met the patient last and what records there are of previous consultations.

In the Finnish dataset, V forms are used in two thirds of the consultations (only V in 18 of 32 consultations and T and V in three consultations). In extract (5), which shows a typical case, the patient is in late middle age.

(5) Finnish: LPV 5342 (doctor: female in her fifties; patient: female, 58 years)

- 1 D: ((calls the patient from the waiting room)) *Kanervan* ↑*Irma*
LAST NAME.GEN FIRST NAME
- 2 (5.5) ((D and P walk to their seats))
- 3 D: *irtoaa noi:.* (0.5) *joh[dot tossa.]* ((bends down to fasten electric wires))
‘unattaches like that the cords there’
- 4 [() ()] () ()
- 5 £(*hno nii joo.*)£=
‘okay yes’
- 6 D: =*päivää* [*vaa.*]
‘how do you do’
- 7 P: [*päiv*]ää.=
‘how do you do’
- 8 D: =*käykää* *istumaan*=
go.IMP.PL2 sit.INF+to
‘take.V a seat’
- 9 P: =*kiitos.*
‘thanks’
- 10 D: *.h minä otan sen kaavakkeen* [*tän*]*ne.*
‘I take the form here’
- 11 P: [°(*joo*) °]
‘yeah’
- 12 (2.0)
- 13 D: <*tulitteko* *ihan: ast:man: takia*> *vai onko*
came.PL2.Q PRT asthma because of or has.Q [Ø]

- ‘did you.V come because of asthma or is there’
- 14 *jotakin muutakin mielessä.*
 something else.CLI mind.in
 ‘something else in mind’

In line 8, the doctor uses V address in her imperative construction *käykää istumaan* ‘take.V a seat’. She also uses V address in her question about the patient’s reason for the visit, *tulitteko ihan astman takia* ‘did you.V come because of asthma’ in line 13. In both cases, V address is expressed by verb inflection only. Similar to extract (4) from the Finland-Swedish dataset, the focus is on the medical problem. The doctor takes the form the patient has brought with her (line 11) and then proceeds to ask the patient about the reason for her visit (lines 13–14). Using V address and focussing on the matter at hand contributes to maintaining social distance between the interlocutors. The greeting *päivää* ‘how do you do’ (instead of, for example, *hei* ‘hello’) used by both the doctor and patient in lines 6 and 7 also contributes to creating a more formal atmosphere in extract (5) than in extract (3).

The doctors in extracts (4) and (5) have met the patients before, even though some time might have elapsed since the last visit (cf. the reference by the Finland-Swedish doctor to written documentation as an external source of information). Nonetheless, both doctors use V address, which contributes to maintaining a certain distance and formality. The doctors’ use of V address can be interpreted as a way of showing respect for the patient’s integrity and personal space, which is considered important in Finland (Larjavaara 1999; Isosävi and Lappalainen 2015). However, in both extracts, the doctors seek to create common ground with the patients in other ways. Both doctors show that they know the patient: The Finland-Swedish doctor in lines 6–7 in (4) says *ja sir att vi ha träffats tidigare också* ‘I can see that we have met before also’ and the Finnish doctor in (5) implies that she knows the patient by mentioning her asthma (line 13).

7.3 Indirect address

Another address practice which may contribute to maintaining greater social distance is indirect address, in which interlocutors use the passive and similar constructions to address each other implicitly rather than explicitly. As discussed by Yli-Vakkuri (2005, 191–193), indirect address is a recurrent pattern in Finnish. This is also reflected in our data, in which cases of indirect address are predominantly found in the Finnish consultations, as extract (6)

shows. During the seven-minute-long consultation, the start of which is shown in this extract, the doctor uses direct (V) address only four times.

(6) Finnish: LPV 5268 (doctor: male in his forties; patient: female, 60 years)

- 1 D: ((calls the patient from the waiting room)) *Kal:lioinen >Petra*.
LAST NAME FIRST NAME
- 2 (15.0) ((D walks to his table))
- 3 P: °päi/vää°.
 day
 ‘how do you do’
- 4 D: [()].
- 5 (1.0) ((P is carrying an envelope in her hand))
- 6 P: (*jah_a*), *tommon[en, (0.2)] raamattu*
 ‘oh a Bible like that’ ((a thick envelope full of X-ray pictures))
- 7 D: [*jaaha,]*
 ‘okay’
- 8 P: *tääl[tä tulee.]*
 ‘here it comes’
- 9 D: [*juu, (.)] <istum[**aan** va]an siihe>*.
 yes sit.INF.to PRT DEM.to
 ‘yes just take a seat’
- 10 P: [*kiitos.]*
 ‘thank you’
- 11 (0.5)
- 12 D: *laitetaa vaikka (.) tuohon se kuori*,
 put.PASS PRT there.to DEM envelope
 ‘let’s put the envelope here’
- 13 (1.0) ((D shuts the door))
- 14 ?P: *hhhh*
- 15 (1.5)
- 16 D: *ne oli*,
 ‘they were’
- 17 (0.2)

- 18 P: *niin se on sielä sisällä nyt tää [viimene.]*
 ‘yes it is in there now, this latest one.’
- 19 D: [*<ran:]ne*
 ‘the wrist’
- 20 *kuva[ttu ja tänään] viimek[s joo>.]*
 photograph.PPCP and today last PRT
 X-rayed and today most recently yes
- 21 P: [*joo ().] [tänään] °viimeks°.*
 ‘yes ‘today most recently yes’

The doctor’s directives to the patient in extract (6) do not include any pronouns, suffixes or verb endings which express direct address. When the doctor asks the patient to sit down, he uses the infinitive construction *istumaan* ‘to take a seat’ (line 9), and when he shows the patient where to put the envelope she has brought with her, he uses the passive form *laitetaan* ‘let’s put’ (line 12). In both cases, direct address could have been used. Direct address could also have been used in lines 19–20 when the doctor examines the patient’s X-rays and refers to her wrist by saying only *ranne kuvattu* lit. ‘the wrist X-rayed’. At the same time, the forms of indirect address in extract (6) represent conventionalised types of expressions which are used frequently in Finnish.

The absence of direct address forms in extract (6) foregrounds the activities taking place or being discussed during the opening phase of the consultation: having a seat, placing an envelope somewhere, X-raying a body part. In contrast to the doctors in all the extracts discussed above, the doctor in extract (6) does not address the patient directly even when he asks her to sit down (cf. *istumaan* ‘sit.INF.to’ with *käykää istumaan* ‘go.IMP.PL2 sit.INF.to’ in extract (5)). Although indirect forms of address such as these are frequent in the Finnish dataset, there is no consultation without any occurrences of direct address. Rather than merely being a means of avoiding addressing the interlocutor directly, indirect address also has other interactional functions in the data. For example, a directive expressed with the so-called zero person construction (*ja särkylääkettä saa ottaa* ‘and [one] may take painkillers’) emphasises that the directive applies not only to the person in question, but also to patients more generally. The zero person construction is typical for Finnish medical consultations. In extract (5) above, the question *vai onko jotain muuta mielessä* ‘or is there something else in mind’ (lines 13–14), is another example of this. The doctor does not specify whose mind she is

referring to but given that the previous question is expressed with V address in line 14 in extract (5), it is obvious that she is referring to the patient (see Yli-Vakkuri 2005, 191–193; Laitinen 2006).

In the Finland-Swedish dataset, there are no opening phases of consultations without direct address. However, the doctor who only uses V address in all his consultations also uses several expressions without direct address, as shown in extract (7).

(7) Finland Swedish: INK 8 (doctor: male, in his sixties; patient: female, in her sixties)

1 D: *om ni sätter er på den där röda stolen där*
if you.PL sit.FIN.PRS you.PL.OBJ on that red.DEF chair.DEF there
'if you have a seat on the red chair there'

2 P: *[TACK*
'thank you'

3 ((5 lines omitted: noise in the background, doctor and patient cough))

4 D: *nå jö h/h*
'well'

5 P: *[m*
'mm'

6 (0.4) ((noise in the background))

7 P: *.nff*

8 (0.7) ((noise in the background))

9 D: *vi ha börja di här s- se_{ans}ena me att (.) konstatera att*
'we have started these sessions by establishing that'

10 *de:e fibromyalgi vi e (.) intresserade av*
'it is fibromyalgia that we are dealing with'

11 (.)

12 P: *mm:m*
'mm-m'

13 (1.6)

14 D: *<och: ö>*
'and eh'

15 (1.4)

16 D: *nu sku de va bra att höra*

- now shall.FIN.PST it be.FIN.PST good INFM hear.INF
 ‘and now it would be good to hear’
- 17 *hur den där diagnosen ställdes när den ställdes*
 how that diagnosis.DEF make.PASS.PST when it make.PASS.PST
 ‘how the diagnosis was made when it was made’
- 18 *å sen ska vi lite fundera på*
 and then shall.FIN.PRS we little think.INF on
 ‘and then we shall think about’
- 19 *hurudana besvären ha vari*
 how troubles.DEF have.FIN.PRS be.PPCP
 ‘what the symptoms have been like’
- 20 (0.6)
- 21 P: *jå nå de (.) ((moans)) .hh de s- ((moans)) sjä- (-) själva diagnosen s*
 ‘well it it w- sel- the diagnosis itself i-’
- 22 *fastställ dedär #va de nitti eller nittietth# (.)*
 ‘was made was it ninety or ninety one’

In line 1, the doctor asks the patient to sit down by referring to her with the V pronoun *ni*. In the rest of the extract, the doctor does not address the patient directly. In lines 16–17, he asks the patient to tell him how she was diagnosed by saying *nu sku de va bra att höra hur den där diagnosen ställdes när den ställdes* ‘now it would be good to hear how the diagnosis was made when it was made’. A question with direct address could have been used in this context, for example, *Kan du berätta hur diagnosen ställdes?* ‘Can you tell me how the diagnosis was made?’. When the doctor continues by saying that the patient’s problems will be next on the agenda, he uses the pronoun *vi* ‘we’ instead of addressing the patient with a T or V pronoun: *sen ska vi lite fundera på hurudana besvären ha vari* ‘then we shall think about what the symptoms have been like’. Aligning with the patient by using collaborative ‘we’ in this way is typical of medical consultations (cf. Aronsson and Rindstedt 2011; see Norrby et al. 2015a for a more detailed analysis).

In the Sweden-Swedish dataset, there are two consultations in which the doctor does not use address pronouns during the opening phase. Extract (8) shows the beginning of one of these consultations.

(8) Sweden Swedish: LOP 5 (doctor: male, 64 years; patient: female, 59 years)

- 1 D: *hur är de?*
how be.FIN.PRS it
'how is it?'
- 2 P: *pt jo::då de er (0.3) rätt så bra de e ba [ett] ben*
'pt well it is quite well it's just a leg'
- 3 D: *[ja.]*
'yes'
- 4 P: *som ja har så (.) ja har ont alltså på insidan av låret så här. ((shows))*
'that I have I have pains on the inside of the thigh here'
- 5 P: *.hhhhh (0.3) å de e så:: (0.7) ja va ska ja säga ja har-*
'hhhhh and it is so well what should I say I have-'
- 6 *ja haltar faktiskt £n(h)är ja går.£*
'I actually limp w(h)en i walk'
- 7 (0.3)
- 8 D: *[jaja.]*
'oh okay'
- 9 P: *[å de här] börja ju i somras.*
'and this started this summer'
- 10 P: *de har inte vara [längre de e ju (int-)]*
'it hasn't lasted longer it's (no-)'
- 11 D: *[när va de vi s:å:gs] (.) sist Ann-Marie.*
when be.FIN.PST it we see.FIN.PST.RECP last FIRST NAME
'when was it we saw each other the last time Ann-Marie'
- 12 D: *vi har talats [vid i tele]fon gång på gång på gå:[ng:].]*
'we have spoken over the telephone over and over and over'
- 13 P: *[ja::.] [ja:] [a:.]*
'yes' 'yes yeah'
- 14 D: *[och-]*
'and-'
- 15 P: *ja- ja kommer inte ens ihåg [hur länge sen ((laughter))*
'I- I don't even remember how long time ago'

In line 1, the doctor starts by asking the patient *hur är de* ‘how are you’ (lit., ‘how is it’), an informal expression frequently used in colloquial language. At the same time, the expression is related to the construction *hur är det med X* ‘how about X’ (lit., ‘how is it with X’), which is recurrently used in multi-unit questions in medical consultations (Lindholm 2003; see also Linell et al. 2003). Later on, in line 11, the doctor refers to the patient and himself with the first person plural pronoun *vi* ‘we’, after which he addresses the patient by her first name (*när var det vi sågs sist Ann-Marie?*), which reduces the social distance. Nominal address of this kind only occurs in two consultations in the Sweden-Swedish dataset. In Finnish, nominal address expressed with personal names or titles as vocatives is uncommon compared with many other European languages (Yli-Vakkuri 2005, 194; Carbaugh 2005, 10; Havu et al. 2014; Isosävi and Lappalainen 2015). In Finland Swedish, nominal address is also uncommon in contexts such as this.

8. Discussion

In the Sweden-Swedish dataset, T address overwhelmingly dominates and has the highest frequency in initial consultations (Norrbj et al. 2015a). This tendency towards lower social distance by frequent use of T address – sometimes combined with first name address – seems to be quite typical of communicative strategies in present-day Sweden, where the use of first names with complete strangers has also become increasingly common (Clyne et al. 2009, 148–149). In the Finnish dataset, on the other hand, maintaining a greater social distance, either by using V address or indirect address, is typical of initial consultations – and more generally. Finland Swedish occupies a position between Swedish and Finnish. In the Finland-Swedish dataset, the highest frequencies of address can be found in follow-up consultations. However, reducing social distance by using T address in initial consultations also occurs, alongside the strategy of maintaining greater distance by using V address or indirect address. If new medical consultations were recorded and transcribed today, these differences between Finland and Sweden would perhaps be smaller (cf. Paananen 2016).

Both T and V address make interpersonal relationships explicit, but V address often co-occurs with indirect address, which directs the focus to medical aspects rather than the patient’s perspective. In this sense, T address may appear to be more focussed on the patient’s feelings and personal experiences. The use of indirect address can be related to the general tendency in Finland to focus on matters at hand rather than on interpersonal relationships (Kangasharju 2007; Henricson and Nelson 2017). Both the use of V address and indirect

address reflect the desire in Finland to respect other people's individual space by not coming too close (*territory politeness*, Larjavaara 1999), which sometimes leads to evasion at all costs (Yli-Vakkuri 2005).

The ubiquity of T address in the Swedish dataset can in turn be related to cultural preferences in Sweden. Sameness between people is a fundamental value in Swedish society, which makes striving for equality and symmetrical relations important (Daun 1996, 215). Emphasising informality in institutional settings by using T address frequently to decrease social distance can be seen as an outcome of this. In Finland, displaying hierarchies in a more explicit manner is considered less problematic (Laine-Sveiby 1991), which may explain why linguistic expressions underlining social distance – such as V address – have been preserved to some extent in Finland, even though the country has undergone the same political and societal changes as Sweden since the 1960s.

In general, the three datasets can be placed on a continuum from lowest to highest social distance. Overall, the Sweden-Swedish consultations demonstrate the highest preference for address practices reducing social distance and focussing on interpersonal relations, whereas the Finnish consultations show the highest preference for address practices which maintain greater distance and focus more on the medical matters being dealt with. The Finland-Swedish consultations appear to fall somewhere in between. While we can establish such a general pattern for the three datasets in terms of social distance, there are, of course, individual consultations which do not concur with these general tendencies. For example, both the consultations with the highest and lowest frequencies of direct address, respectively, can be found in the Finnish dataset. Overall, the differences in address practices in our data are not absolute (with the exception of a complete lack of V in Sweden Swedish) but rather a question of degree.

The study illustrates how linguistic choices – as a result of the speakers' socialisation and enculturation – are affected by cultural preferences, but in a rather complex way. Address practices found in Finland-Swedish medical consultations which do not occur in Sweden-Swedish consultations have counterparts in Finnish medical consultations which can be related to communicative patterns typical of Finland. At the same time, the variation found between individual doctors, especially in Finland, demonstrates how cultural routines form a continuum rather than a set of absolute entities. To quote Duranti (1997, 339), what we are dealing with are aggregates of “features, tendencies, and acts that are sometimes the background and other times the foreground for the constitution of the social world in which

we live”. When compared with more V-oriented languages such as German, French and Russian, the differences in address practices between Swedish, Finland Swedish and Finnish may seem less straightforward. Nevertheless, address preferences such as the ones illustrated in this paper can still lead to an overall impression of culturally distinct styles of communication. On a more general level, the study shows how linguistic systems – in this case, address practices – are not static, but dynamic in nature, thus making variation the default case rather than a deviation. In future research, methods of dealing with variation of this kind when exploring intercultural communication need to be developed further.

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Data

INK = Interaktion i en institutionell kontext ‘Interaction in an institutional context’.

University of Helsinki 1996–2000 (Lindholm 2003).

LOP = Läkare- och patientsamtal ‘Conversations between doctors and patients’. Uppsala

University 1988–1992 (Melander Marttala 1995).

LPV = Lääkäriin ja potilaan vuorovaikutus ‘Interaction between doctors and patients’.

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Appendix A. Transcription conventions

.	Falling intonation
;	Slightly falling intonation
,	Level intonation
?	Rising intonation
ˊ	Slightly rising intonation
↑	Rise in pitch
w <u>o</u> rd	Emphasis
WORD	Especially loud compared with the surrounding talk
wo:rd	Lengthening of sound
°words°	Especially quiet compared with the surrounding talk
#word#	Creaky voice
£word£	Smile voice
@word@	Change in voice quality
wo:ord	Legato pronunciation
wo-	Cut-off
>words<	Increased speed compared with the surrounding talk
<words>	Decreased speed compared with the surrounding talk
[Point of overlap onset
]	Point of overlap ending
=	"Latching," i.e., no silence between two adjacent utterances
(.)	Micropause (less than 0.2 seconds)
(0.5)	Pause measured in tenths of a second
(p)	Unmeasured pause
wo(h)rd	Aspiration, often laughter
hh	Audible outbreath
.hh	Audible inbreath
.word	Inhaled sound or word
(word)	Unclear or probable item

- () Unintelligible to transcriber
 (-) Unclear word
 ((words)) Transcriber's description, including embodied acts (e.g., walking to one's seat)

Appendix B. Glossing symbols

ADE	Adessive ('at, on')
DEF	Definite
DEM	Demonstrative pronoun ('it')
FIN	Finite verb form
GEN	Genitive
CLI	Clitic
IMP	Imperative
INF	Infinitive
INF	Infinitive marker
NEG	Negation
OBJ	Object
PASS	Passive
PL	Plural
POSS	Possessive suffix
PPCP	Past participle
PRT	Particle
PRS	Present tense
PST	Past tense
Q	Question clitic
RECP	Reciprocal
SG	Singular
T	Informal pronoun
V	Formal pronoun

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